

Instructions

Utilize this monitoring form if:

>You sponsor At-Risk After School sites. If a site operates multiple programs, you should only use this form when observing a At-Risk program meal. For other programs within that site you will need to use the Monitoring Review Form for Sponsors.

*Refer to Operational Memo #31, fiscal year 2015 for full CACFP Monitoring Requirements

Monitoring Requirements:

- For any new site(s), a first monitoring review occurs within the first 4 weeks of CACFP operation;
- Required amount of monitoring reviews are completed per active site* per year:
 - >If site operates 10 months or more: 3 reviews per year, 2 of which are unannounced
 - >If site operates 4 to 9 months: 2 reviews per year, 1 of which is unannounced
 - >If site operates less than 4 months: 1 review per year, must be unannounced
- 1 unannounced visit includes a meal service;
- No more than 6 months may elapse between reviews, (no more than 9 months if review averaging is utilized)

*Sites are identified by physical address, not by program. If you have a site with multiple programs, i.e. childcare and at-risk after school, then you complete the appropriate form for the meal you are observing. If this site is required to have 3 reviews completed, then you could complete a breakfast (childcare), lunch (childcare), supper (at-risk). You do not complete 3 reviews per program.

Best Practices:

- All monitoring reviews include a meal service observation
 - All monitoring reviews are checked for completeness before filing
- Before the first monitoring review for the year complete any pre-work, this includes:
- >Complete a monitoring tracking tool/schedule for the year to ensure that requirements are met
 - >Complete any sections (as applicable) for the year ahead of time (i.e. training, etc.) and once you have pre-marked appropriate sections make your copies for the year

Steps to Completing a Monitoring Review:

1. Ensure that you are completing the correct monitoring review form (see above or contact your analyst).
2. Complete the monitoring form by answering ALL questions and sections. If you need to expand on an answer please use the "comments" area provided.
3. Complete the appropriate monitoring Five Day Meal Count Reconciliation. This is required at every mentoring review. Use attachment A if meal attendance is recorded by participant first and last name and use attachment B if meal attendance is taken by aggregate total, for example: tick marks as meals are served. Please see attachment tab for additional instructions on completing this form.
4. The Meal Count Reconciliation Section must be completed at every monitoring review and is based on the accompanying Attachment A or Attachment B (see spreadsheet tab).
5. Attach the completed Five Day Meal Count Reconciliation form to your monitoring review form. Review the monitoring form for completeness and file.

(insert sponsor name,
address, phone number)

Child and Adult Care Food Program (CACFP)
Monitoring Review form for Sponsored Facilities
At-Risk After School ONLY



This monitoring review form may be used for: At-Risk After School sites or programming ONLY

☐ Announced ☐ Unannounced

Meal Observed: _____

Facility Name and Address:

Sponsor Agreement:

Date:

License or Site #:

Arrival Time:

REVIEW AREAS

Section 100. General Information		Yes	No	N/A	Comments
101	The facility makes drinking water available to participants throughout programming.				
Section 200. Training		YES	NO	N/A	Comments
201	NEW FACILITIES/STAFF: Staff have received training from the sponsor prior to CACFP operations/responsibilities.				Date(s) of training:
202	The sponsor conducted annual CACFP training for all key staff.				
203	Sponsor training documentation includes: <input type="checkbox"/> date(s) <input type="checkbox"/> location(s) <input type="checkbox"/> topic(s) <input type="checkbox"/> names of participant(s)				
Section 300. Civil Rights		YES	NO	N/A	Comments
301	The sponsor has ensured there is no separation by race, color, sex, age, disability or national origin in the classroom, eating areas, seating arrangements, program admission, or institutional records.				
302	Potentially eligible persons and households have an equal opportunity to participate in CACFP.				
303	The USDA "And Justice for All" poster is displayed in a conspicuous location.				
304	The current USDA nondiscrimination statement is on all materials distributed to the public and on websites.				
305	Front-line facility staff have been trained on civil rights requirements and can verbalize the sponsor's complaint procedure.				
Section 400. Records and Record Keeping		YES	NO	N/A	Comments
401	A daily count is maintained for all meals served to adults who work in the program.				
402	The program claims no more than one snack and one meal per participant per day.				
403	Meals are only claimed for a participant within the CACFP age requirements: • 18 years old or younger for At-Risk programs or emergency shelters • No age restriction for persons with mental or physical handicaps enrolled in a facility serving a majority of 18 years of age or younger.				
404	Facility daily attendance records are maintained.				
405	Meal attendance records are available and current.				
Section 500. Menus		YES	NO	N/A	Comments
Review the current menu and answer the following questions:					
501	Menu(s) meet program requirements and include: month, date, and specific components.				
502	Menu(s) are available for meals claimed.				
503	CACFP meal pattern requirements are met with sufficient detail for a creditable meal.				
504	There is a procedure in place for site staff to record menu substitutions.				
505	100% juice is limited to one meal/snack service per day, even when serving different participants.				
506	At least one serving of grains per day is whole grain-rich.				
507	Grain based desserts are not served as creditable components at meals/snacks.				
508	A meat/meat alternate was not served more than 3x weekly to replace the entire grain component at breakfast.				
509	Yogurt contains no more than 23 grams of sugar per 6 ounces.				
510	Breakfast cereals contain no more than 6 grams of sugar per dry ounce.				

Section 500. Menus (cont.)		YES	NO	N/A	Comments
511	At lunch and supper at least 1 vegetable and 1 fruit or 2 vegetables are served.				
512	CACFP Request for Special Dietary Needs Accommodations forms are available for participants with medical or other special dietary needs. [7 CFR 226.20(h)]				
513	CACFP Request for Special Dietary Needs Accommodations forms are available for participants receiving nutritionally equivalent milk substitutions.				
Section 600. Meal Observation					
Check meal/snack observed: <input type="checkbox"/> Supper <input type="checkbox"/> Snack_____ (specify) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch					
601	1 to 18 Year Olds				
Required Components		Specific Items			
Milk Variety Served (list %)					
Meat/Meat Alternate					
Vegetable					
Fruit or 2nd Vegetable <small>(Lunch and Supper only)</small>					
Grain					
Other					
Record the number of participants observed at meal time:					
Room					Comments
Participants					
Program Adults					
Point of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Milk Variety Served					
Section 600. Meal Observation (cont.)		YES	NO	N/A	Comments
	Based on the meal/snack observed:				
602	Minimum portion served meet meal/snack requirements for age groups. If no, the meal cannot be claimed.				
603	Meal/snack served met the appropriate meal/snack pattern for food components and for age served. If no, the meal cannot be claimed.				
604	Meal attendance was taken at point of service during meal observed. If no, the meal cannot be claimed.				
605	Meal/snack served was the same as indicated on posted menu for the day. If no, change was noted on the menu.				
606	The appropriate variety of milk was served to participants. <small>(Unflavored 1%, 1/2%, skim, OR flavored fat free (skim))</small>				
607	Offer vs. serve option is used correctly.				
Section 700. Health and Safety		YES	NO	N/A	Comments
701	Were imminent threats to the health or safety of participants observed. If a threat was observed, describe in comments. Immediately notify the appropriate state or local licensing and health authorities and take action that is consistent with the recommendations and requirements of those authorities. Attach documentation of the agency contacted and the date of contact.				

Section 800. Meal Count Reconciliation		YES	NO	N/A	Comments
Compare the number of participants recorded on the facility's attendance and enrollment records to the meal counts for each meal type for five consecutive days (not including the day of the in-person monitoring visit).					
• Use <i>Attachment B</i> (see Attachment B Excel Spreadsheet)					
801	Enrollment, daily program attendance, and meal attendance reconcile. If there are discrepancies, explain.				If there are discrepancies, please explain:
802	Compare the number of participants present during the meal observation to the number of meals claimed during the five days in the reconciliation. Do the numbers compare? If there are discrepancies between the number of participants present and the number of participants claimed, explain.				
A 5 Day Meal Count Reconciliation (Attachment B) is required at each site monitoring review					
Section 900. Previous Reviews and Findings		YES	NO	N/A	
901	There were findings from previous review. If yes, list:				
902	Findings from previous reviews were corrected. If no, please explain:				
903	Summarize all findings and recommendations for corrective action.				
Facility Representative Signature					Date:
Sponsor Monitor Signature					Date:
					Departure Time:

Five-Day Reconciliation

Attachment B*

Today's Date: _____

***Complete Attachment B when point of service meal attendance is recorded by aggregate total (not by participant name)**

Sponsor Name:	Agreement #:
Facility Name:	License #:

Instructions: Compare the number of participants recorded on the facility's attendance and enrollment records to the meal counts for each meal type for 5 consecutive days (do not include the day of the monitoring review). This can be for either current or a prior claiming period. Complete the chart for the entire facility, program(s), or classroom(s) claimed.

Eating area(s) included in this reconciliation:

Dates	Number Enrolled	Number in Attendance	Breakfast	Lunch	Supper	A.M. Snack	P.M. Snack	Evening Snack	Discrepancies?	Comments
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	